



SEARHC

SouthEast Alaska Regional Health Consortium

Employment Application

SITKA: 222 Tongass Drive • Sitka, Alaska 99835
• Tel: (907) 966-8311 • Fax: (907) 966-8527

JUNEAU: 3245 Hospital Drive • Juneau, Alaska 99801
• Tel: (907) 463-4000 • Fax: (907) 463-6605

(You may submit your application to either location.)

POSITION APPLIED FOR:

Location:

**LAST
NAME**

**FIRST
NAME**

M.I.:

Social
Security No.:

**Previous
name Last:**

First:

M.I.:

Business
telephone:

Present address

Street or P.O. Box:

Home
telephone:

City:

State:

Zip:

Message
telephone:

Permanent address

Street or P.O. Box:

Email
address:

City:

State:

Zip:

Date available
for work:

Yes

No

Comments

Do you have a relative employed by
SEARHC? Who/Department?

☐☐

If the job requires a valid Alaska
Driver's License, do you have one?

☐☐

Have you ever been employed
by SEARHC? When/Where?

☐☐

Have you ever been convicted
of a Felony?

☐☐

*If you answered yes please attach
explanation to this application.*

U.S. citizen:

☐

Yes

☐

No

Are you 18 years or older?

☐

Yes

☐

No

Type of position applying for

☐

Regular Full time

☐

Regular Part time

☐

Temporary

☐

Intermittent

☐

Volunteer

I will accept a position that involves travel to the following extent:

☐

None

☐

Occasional

☐

Frequent

☐

Remote
Locations

Optional (check only one)

☐ American
Indian

☐ Black

☐ Asian/
Pacific Islander

☐ Alaskan Native

☐ White

☐ Hispanic

☐ Other

Are you requesting Native Preference?

☐ Yes

☐ No

If YES, you must provide a copy of your tribal enrollment/recognized tribe. Please attach.

Human Resources Use Only

Native Preference Verified by;

☐

Tribal Enrollment

☐

C.I.B

☐

Contract Hlth

Initial and Date

**Which shifts would you
consider working?**

☐

Weekends/Holidays

☐

Evenings

☐

Rotation

☐

On Call

☐

Weekdays

Optional

☐

Female

☐

Male

EDUCATION

	Name and Address	Quarter Hours	Semester Hours	Date of Graduation	Degree, Major, Certificate, Diploma
High School				N/A	
GED					
College					
College					

Please Check all that applies:

- ☐ Typing ____ wpm
 ☐ Spreadsheet
 ☐ RPMS
 ☐ Desktop Publishing
☐ Word Processing
 ☐ Database
 ☐ Ten-Key
 ☐ Webmaster

LICENSES

List current professional certifications or registrations	License, certified, or registered	State Issued	Date Received	Number

REFERENCES (List 3 persons you have known for at least one year who are not related to you)

Name and Address	Title, Company Name	Telephone

WORK HISTORY (Last 10 years; most recent job first) To obtain full credit, be specific in listing duties performed.

Job Title:	From:	To:	Supervisor:	Last Salary:
Employer Name/Address:			Phone Number:	
Duties:			No. of Hours Per Week:	
			No. of Employees Supervised:	
Reason for Leaving:				
If currently employed, may we contact your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Job Title:	From:	To:	Supervisor:	Last Salary:
Employer Name/Address:			Phone Number:	
Duties:			No. of Hours Per Week:	
			No. of Employees Supervised:	
Reason for Leaving:				

WORK HISTORY CONTINUED

Job Title:	From:	To:	Supervisor:	Last Salary:
Employer Name/Address:			Phone Number:	
Duties:			No. of Hours Per Week:	
			No. of Employees Supervised:	
Reason for Leaving:				

Job Title:	From:	To:	Supervisor:	Last Salary:
Employer Name/Address:			Phone Number:	
Duties:			No. of Hours Per Week:	
			No. of Employees Supervised:	
Reason for Leaving:				

WORK HISTORY CONTINUED

Job Title:	From:	To:	Supervisor:	Last Salary:
Employer Name/Address:			Phone Number:	
Duties:			No. of Hours Per Week:	
			No. of Employees Supervised:	
Reason for Leaving:				

Job Title:	From:	To:	Supervisor:	Last Salary:
Employer Name/Address:			Phone Number:	
Duties:			No. of Hours Per Week:	
			No. of Employees Supervised:	
Reason for Leaving:				

PLEASE READ AND COMPLETE

A. Health Care Violation Self-Disclosure Statement

Under federal law we are required to ask you to disclose information about certain criminal convictions:

- a) Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for child care positions with SEARHC have applicants sign a receipt of notice that a criminal record check will be conducted.
- b) Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, requires a criminal record check for positions with SEARHC that involve regular contact with or control over Indian children.
- c) Federal regulation requires that all SEARHC applicants disclose any criminal conviction related to health care as defined by 42 USC 1320a-7(i).

For the language of these federal regulations go to searhc.org/jobhunt/regs.html

	NO	YES
1. Have you ever been arrested for or charged with a crime involving a child?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been found guilty of, or plead no contest or guilty to, any offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under indictment or charged with a crime or have you been indicted or convicted of a felony or misdemeanor involving drugs, alcohol, physical or sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of a felony or misdemeanor involving drugs, alcohol, physical or sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any convictions or pending charges in any jurisdiction for abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the last three years, have you been convicted of a criminal offense related to health care or the provision of health care as defined by 42 USC 1320a-7(i)? (See above for how you can download a copy of this provision.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been debarred, excluded, sanctioned, or otherwise made ineligible to participate in federal or state funded programs as defined by 42 USC 1320a-7(i)?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you answered YES to any of the above, provide date, explanation of violation, disposition of arrest or charge, place of occurrence, and name and address of police department or court involved. Declare whether it was a misdemeanor or felony and attach documents. (Complete this on a separate sheet of paper and attach it to this application.)</i>		

B. Affirmation and Release of Information to SEARHC

I affirm that the statements made in this application are true. I hereby authorize SEARHC, within one year of this date, to obtain any information pertaining to my employment, education, and criminal records including, but not limited to, academic achievement, attendance, personal history, performance reports, background investigations and disciplinary records. I hereby release SEARHC and any person furnishing information to SEARHC as authorized above from any liability or damage which may result from furnishing the information requested. I agree that if SEARHC finds I have made any misrepresentation or is dissatisfied with the results of any investigation of me, any offer of employment may be withdrawn, or employment may be terminated, without obligation on the part of SEARHC, except for payment to me for services actually rendered.

Signature: _____

Date: _____